

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SI	1021	02/22/01
RESPONSE FORMALITY REVIEW	jph	1030	5-9-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/17/01
2	10/17/01
3	10/17/01
4	10/17/01
5	10/17/01
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8	10/17/01
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49	10/17/01
50	10/17/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

6/12/01  
 02/22/01